OTPEFE TRANSMITTAL OCT 2 9 2003							Complet il Known						
							Application No.				10/606,611		
							Filing Date				June 26, 2003		
							First Named Inventor				Marius O. Poliac		
							Group Art Unit						
							Examiner Name						
							Atty. Docket Number				P395.12-0001		
Total Amount of Payment \$ <u>490.00</u>													
METHOD OF PAYMENT (Check One) 1. [X] The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed							FEE CALCULATION (Continued) 3. ADDITIONAL FEES						
							Entity Fee (\$)	Small E Fee Code	Entity Fee (\$)		ee Description	Fee paid	
		 				1051 1052	130	2051	65		urcharge - Late filing fee or oath	*	
2. [X] Checks Enclosed							50	2052	25	or	urcharge - late provisional filing fee cover sheet	*	
FEE CALCULATION							130	1053	130	N	on-English specification	_	
1. BASI	C FILIN	IG FEE				1812	2,520	1812	2,520	F	or Filing a Request for Reexamination	*	
Large 6 Fee	Fee	Small Entity Fee Fee				1251	110	2251	55	E:	xtension for reply within first month	*	
Code	<u>(\$)</u> 770	Code (\$) 2001 38		Description Utility Filing Fee		1252	420	2252	210	E	xtension for reply within second month.	*	
1001 1002	340	2001 36		esign Filing Fee		1253	950	2253	475	E	xtension for reply within third month	*	
1004	770	2004 385	_	leissue Filing Fee		1254	1,480	2254	740	. E	xtension for reply within fourth month	*	
1005	160	2005 80	0 <u>[</u>] P	rov. Filing Fee		1255	2,010	2255	1,005	E	xtension for reply within fifth month	*	
				Su	ıbtotal (1) \$385	1402	330	2402	165	Fi	iling a brief in support of an appeal		
2. EXTRA CLAIM FEES						1403	290	2403	145·	R	equest for oral hearing	*	
	Numbe		- Extra	Fee from	Fee Paid	1814	110	2814	55	Te	erminal Disclaimer Fee	*	
	Claims *	* _	* x	Below .		1452	110	2452	55	P	etition to revive - unavoidable	*	
Total	 -	* _	— ^ * v	- - - *		1453	1,330	2453	665	P	etition to revive - unintentional	*	
Indep.		=	— ^	- - *		1501	1,330	2501	665	U	tility/Reissue issue fee	*	
Multiple Dependent Claims = = **Insert 3 and 20, or number previously paid if greater, Reissue see						1502	480	2502	240	D	esign issue fee	*	
below)							130	1460	130	Р	etitions to the Commissioner	*	
Large E	Fee		Fee	Description		1807	50	1807	50	Р	etitions related to provisional applications	*	
<u>Code</u> 1202	<u>(\$)</u> 18	<u>Code</u> 2202	<u>(\$)</u> 9	Claims in excess	of 20	1806	180	1806	180		ubmission of Information Disclosure	*	
1201	86	2201	43	Independent clain							tatement	_	
1202	200	2203	145	of 3 Multiple Depende	nt Claim	8021	40	8021	40		ecording each patent assignment per roperty (times number of properties)	<u>40</u>	
1203	290 86	2204	145 43	Reissue Independ Over Original Pate	lent Claims	1801	77(0 2801	385		equest for Continued Examination RCE)	*	
1205	18	2205	9	Reissue claims in 20 and over origin			ee (spec				Cultitate	<u>*</u>	
			Subtotal (2) \$0	Repln. Ref: 10/31/2003 SDENBOB1 0008125000 Subtotal (3) \$105 DAM:110982 Hame/Number:10606611 FC: 9204 \$385.00 CR									
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Signature David R. Fairbairn							Reg. No				26,047		
Date	10	1/29/C	3 3			Depo	sit Ac	count l	No	11	-0982		
	/	′ /											

Complet if Known